



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

COMBINED CHIROPRACTIC SERVICES &  
REHABILITATION, INC.

PO BOX 700311

SAN ANTONIO TX 78270-0311

#### **Respondent Name**

NEW HAMPSHIRE INSURANCE CO

#### **Carrier's Austin Representative Box**

Box Number 19

#### **MFDR Tracking Number**

M4-11-4227-01

#### **MFDR Date Received**

JULY 20, 2011

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "medical necessity established."

**Amount in Dispute:** \$2130.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "Bill was not submitted by doctor who provided the service, as required by DWC Rule 133.20(d). The electrodiagnostic testing at issue was performed at NeuroDynamics by an unnamed technician. It was interpreted by Joel S. Wolinsky, M.D. of Physicians Data LLC. The submitted billing did not identify either of these entities or providers. Rather, the disputed billing was submitted by CCSR, Inc., and identified Douglas Burke, D.C. as the provider, though neither apparently rendered the services billed. Further, the submitted billing contained improperly unbundled charges which do not qualify for independent reimbursement."

**Response Submitted by:** New Hampshire Ins. Co. c/o ASSB, 9311 San Pedro Ave., #900, San Antonio, TX 78216

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 14, 2011	CPT Code 95900-59 (6) - Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study	\$690.00	\$0.00
	CPT Code 95903-59 (4) - Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study	\$460.00	\$0.00
	CPT Code 95904-59 (6) - Nerve conduction, amplitude and latency/velocity study, each nerve; sensory	\$690.00	\$0.00
	CPT Code 95861 - Needle electromyography; 2 extremities with or without related paraspinal areas	\$250.00	\$0.00
	HCPSC Code A4556 (6) - Electrodes (e.g., apnea monitor), per pair	\$30.00	\$0.00

	HCPCS Code A4215 - Needle, sterile, any size, each	\$5.00	\$0.00
	HCPCS Code A4558 - Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz	\$5.00	\$0.00
TOTAL		\$2130.00	\$0.00

### ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. 28 Texas Administrative Code §133.307, effective May 25, 2008, sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. 28 Texas Administrative Code §134.600, effective May 2, 2006, requires preauthorization for specific treatments and services
4. 28 Texas Administrative Code §133.20, effective January 29, 2009, sets out the procedure for submitting medical bills.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated March 16, 2011

- 150-Payment adjusted because the payer deems the information submitted does not support this level of service.
- 97-Payment is included in the allowance for another service/procedure.

Explanation of benefits dated June 8, 2011

- 193-Original payment decision is being maintained. This claim was processed properly the first time.
- Comment-Denial per rule 133.20 / billing doctor is not the doctor who signed the report / reviewed by nurse.

#### **Issues**

1. Does the documentation support the level of service billed for CPT codes 95900, 95903, 95904, 95861?
2. Are HCPCS codes A4556, A4215 and A4558 included in another service/procedure billed on January 14, 2011?

#### **Findings**

1. According to the explanation of benefits, CPT codes 95900, 95904, 95903 and 95861 were denied reimbursement based upon reason code "150-Payment adjusted because the payer deems the information submitted does not support this level of service".  
  
A review of the submitted documentation indicates that the January 14, 2011 nerve studies interpretation report was signed by Joel S. Wolinsky, MD from Physicians Data LLC.  
  
The January 14, 2011 NeuroDynamics report is unsigned and does not identify the healthcare provider that performed the testing.  
  
A review of the submitted medical bill indicates that Douglas Burke DC billed for the whole procedure. The documentation does not support that Dr. Burke performed the whole procedure for the disputed services. Therefore, the documentation does not support the level of service billed. As a result, reimbursement is not recommended.
2. The respondent denied reimbursement for HCPCS codes A4556, A4215 and A4558 based upon reason code "97- Payment is included in the allowance for another service/procedure".

Per Medicare rules HCPCS codes A4556 and A4558 are bundled codes and payment allowance is included in another service; therefore, reimbursement is not recommended.

Per Medicare rules HCPCS code A4215 is not covered by Medicare in any payment system; therefore, reimbursement is not recommended.

**Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00

***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

**Authorized Signature**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

7/16/2012  
Date

***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**